



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E413548**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00880
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

DATE OF COLLISION	04 - 03 - 2015	TIME (2400)	1527	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) ☐ INTERSECTION ☒ NON-INTERSECTION ☐

STATE ROUTE 9 BLOCK NO. ☐ MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ S ☐ W ☐ OF (REFERENCE OR CROSS STREET) MARKET PLACE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	RICE	FIRST NAME	WILLIAM	MIDDLE INITIAL	E
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STREET NEW ADDRESS ☐ 2309 120TH AVE NE

CITY	LAKE STEVENS	ST	WA	ZIP	982589521
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	RICE*WE432JC	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04 - 03 - 1957
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	C28374B	STATE	WA	VIN#	1GCHK24K97E532946
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	CHEV	MODEL	K2PU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLIED PPCM00417684171
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	CANADA	FIRST NAME	CLIFFORD	MIDDLE INITIAL	R
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STREET NEW ADDRESS ☐ 9303 16TH PL SE

CITY	LAKE STEVENS	ST	WA	ZIP	982583763
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	CANADCR538BF	STATE	WA	SEX	M	D.O.B. MMDDYYYY	01 - 06 - 1947
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AIC1229	STATE	WA	VIN#	1GKEK13R7TJ731172
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1996	MAKE	GMC	MODEL	YUKON	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 29668
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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PART A 3000-345-159 R (7/06)



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E413548**

CASE # **15-00880**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		RICE TYLER W																	
ADDRESS & PHONE #		2505 113TH DR NE LAKE STEVENS WA 982588427																	
SEX	M	D.O.B.	MMDDYYYY		01	30		1988											
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		CANADA STARETTE																	
ADDRESS & PHONE #		9303 16TH PL SE LAKE STEVENS WA 982583763																	
SEX	F	D.O.B.	MMDDYYYY		01	10		1954											
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	NECK PAIN
NAME (LAST, FIRST, MIDDLE INITIAL)		BLOCK JAMES A																	
ADDRESS & PHONE #		31920 MOUNTAIN LOOP HWY GRANITE FALLS WA 982529529																	
SEX	M	D.O.B.	MMDDYYYY		03	10		1996											
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	

NARRATIVE

On 04/03/15 at 1528 hrs I was dispatched to a 3 vehicle collision at SR9 and Market Place. Upon arrival, I contacted the 3 vehicles involved. It was determined that vehicle 1, 2, and 3 were all stopped at a red signal N/B SR9. The driver of vehicle 1 stated that he saw in his peripheral vision the vehicles in the turn lane to his right start to move. The driver of vehicle 1 began to proceed forward but his lane signal was still red. Vehicle 2 and vehicle 3 stayed motionless. Vehicle 1 collided with the rear of vehicle 2, pushing vehicle 2 into rear of vehicle 3. Passenger of vehicle 2 complained of neck pain but refused transport to the hospital with aid.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

04-03-15 04:39 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

4/4/2015 3:47:22 PM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	3:28 PM	TIME POLICE ARRIVED	3:30 PM
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E413548**

CASE # **15-00880**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		DODD CHASE T													
ADDRESS & PHONE # 9825 MAC ROAD GRANITE FALLS WA 98252										SEX M	D.O.B. MMDDYYYY 12	17	1998		
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	3	SEAT POS.	9	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	INJURY CLASS		NATURE OF INJURIES

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R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

04-03-15 04:39 PM

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

4/4/2015 3:47:22 PM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	3:28 PM	TIME POLICE ARRIVED	3:30 PM
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SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E413548**

CASE # **15-00880**

COMMERCIAL MOTOR CARRIER

UNIT # _____ USDOT _____ ICC # _____ INTERSTATE ☐ INTRASTATE ☐ VEHICLE TYPE _____ CARGO BODY TYPE _____

CARRIER NAME _____

CARRIER ADDRESS _____

CITY _____ ST _____ ZIP _____

NAME SOURCE _____ # AXLES _____ GVWR _____ PLACARD ☐ + _____ NAME IF NO NUMBER _____

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE _____

LAST NAME **BILLER** FIRST NAME **CAMERON** MIDDLE INITIAL **D**

STREET NEW ADDRESS ☐ **2307 1/2 117TH AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982588447**

CDL _____ RESTRICTIONS _____ ENDORSEMENTS _____

DRIVER'S LICENSE # **BILLECD023JC** STATE **WA** SEX **M** D.O.B. **MMDDYYYY 04 - 03 - 1998**

ON DUTY ☐ STATUS _____ AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE _____ INJURY CLASS **1** NATURE OF INJURIES _____

LICENSE PLATE # **ADG7627** STATE **WA** VIN# **1MELM50U7PG648548**

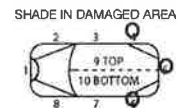
TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

VEH. YEAR **1993** MAKE **MERC** MODEL **SAB4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY _____ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO. & POLICY # **GEICO 4380017949**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # _____ CHARGE _____



UNIT # _____ MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET NEW ADDRESS ☐ _____

CITY _____ ST _____ ZIP _____

GDL _____ RESTRICTIONS _____ ENDORSEMENTS _____

DRIVER'S LICENSE # _____ STATE _____ SEX _____ D.O.B. **MMDDYYYY** - - -

ON DUTY ☐ STATUS _____ AIRBAG _____ RESTR. _____ EJECT _____ HELMET USE _____ INJURY CLASS _____ NATURE OF INJURIES _____

LICENSE PLATE # _____ STATE _____ VIN# _____

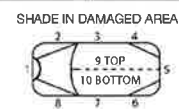
TRAILER PLATE # _____ STATE _____ TRAILER PLATE # _____ STATE _____

VEH. YEAR _____ MAKE _____ MODEL _____ STYLE _____ VEHICLE TOWED YES ☐ NO ☐ TOWED BY _____ GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY # _____

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # _____ CHARGE _____



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

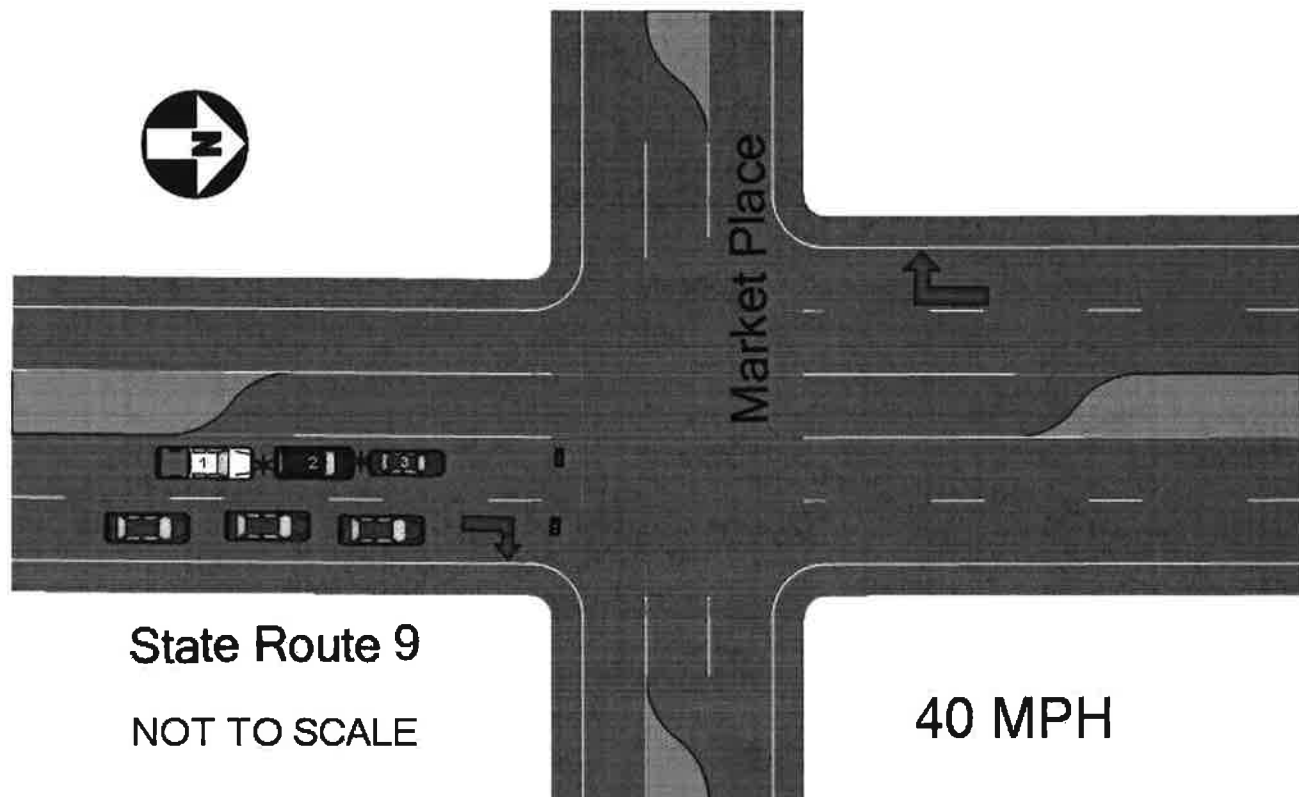
INVESTIGATING OFFICER'S SIGNATURE _____ UNIT OR DIST DET _____

04-03-15 04:39 PM

DATED: _____

PLACE SIGNED _____

BADGE OR ID # **130** ORI # **WA0311900** APPROVED BY **VALVICK** DATE **4/4/2015** PAGE **4** OF **5**







YUKON

GMC

WASHINGTON STATE
EVERETT
5 YEARS
AIC1229
DWAYNE LANES







SABLE

SEATTLE
WASHINGTON
8 2015
ADG7627
OLYMPIC

MERCURY

Incident History for: #SS15006380

Case Numbers: \$SS15000880

Entered 04/03/15 15:27:52 BY SPCT09 SP0397

Dispatched 04/03/15 15:28:37 BY SPDP17 SP0194

Enroute 04/03/15 15:28:37

Onscene 04/03/15 15:30:12

Closed 04/03/15 16:07:45

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT

Src: T

Loc: MARKET PL/SR 9 NE ,LKS (V)

Loc Info:

Name: WSP

Addr:

Phone:

/1527 (SP0397) ENTRY ,REQ PD, FOR 3 CAR COL, ND ON VEHS , AID ENROUTE
/1528 (SP0194) DISPER 19D3 #SS130 RUTHERFORD, OFCR (RICH)
/1528 ASSTER 19D1 [MARKET PL/SR 9 NE ,LKS]
#SS105 IRWIN, OFFICER (DENNIS)
/1529 ASSTER 19S11 [MARKET PL/SR 9 NE ,LKS]
#SS71 VALVICK, SGT (CRAIG)
/1529 \$PREMPT 19D1
/1530 ONSCNE 19D3
/1534 (SS71) *ONSCNE 19S11
/1543 CLEAR 19S11
/1551 (SP0194) ASNCAS 19D3 \$SS15000880
/1607 CLEAR 19D3 D/H
/1607 CLOSE 19D3